

American Samoa Community College



GRADUATE EXIT SURVEY

All contact information is required

Name: _____ Major: _____

Graduation Year and Semester: _____

Degree to be conferred: _____

Home Address or Address where you will be moving to:

P.O. Box or Street
City
State

Email: _____ Phone: _____

May we contact you or send you information about ASCC? Yes ___ No ___

The questions below ask about your immediate plans after graduation. Please Check the box with your best answer.

1.	Do you plan on transferring to a 4yr college or university? If you have already been accepted to a college or University, please answer 1(a) and 1(b)	Yes	No	
	a) What 4yr College or university have you been accepted to?			
	b) What is your major?			
2.	Do you plan on joining the military? If yes, please answer 2 (a)	Yes	No	
	Branch of the military you wish to join: please select answers below:			
	a. Army	b. Navy	c. Air Force	d. Coast Guard
3.	Do you plan to work? If yes, in what field?	Yes	No	
4.	Do you have a job lined up for you? If yes, where?	Yes	No	
5.	If you have plans <u>other</u> than those stated above, please explain:			